PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

NFIBX 120

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			12			•		RATE	FEE]	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	// minus 20=		*			X\$ 9=		OR	X\$18=	
	EPENDENT CL		3 minus 3 =		* -			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					· "0" in c	olumn 2	'	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER		HIGH NUMI PREVIO	IEST BER DUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	PAID **	FOR	=		X\$ 9=	<u> </u>	OR	X\$18=	I <u>L</u> _
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		ⁱ	+145=		OR	+290=	
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		_			•	· · · · · · · · · · · · · · · · · · ·						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ind pendent	*	Minus]=	[X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL	
	If the "Highest Nur	mber Previously Pa	aid For IN THIS		is less tha		. ,			OR	ADDIT. FEE	L